

The Workers' Compensation Section of the State Bar of California presents the:

# Workers' Compensation Fall Symposium

## Registration Form

Note: One form per registrant. Photocopies may be used.

October 25, 2008/San Diego

Bar # \_\_\_\_\_ ☐ Applicant Attorney ☐ Defense Attorney ☐ Judge

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

*Program package includes 6.5 hours of MCLE and legal specialization credits, program materials, continental breakfast and lunch.*

### Pre-Registration Fees

☐ Workers' Comp. Section Members .....\$195

☐ Non-Section Members .....\$260

Includes enrollment in the Workers' Compensation Section for 2008

☐ Claims Specialists, Hearing Representatives, & Paralegals .....\$100

☐ Program Materials Only .....\$50

☐ Workers' Comp. Section Enrollment Only .....\$65

**\*\*On-site Registration Fees are \$220 for Section Members and \$285 for Non Section Members\*\***

AMOUNT ENCLOSED/TO BE CHARGED \$ \_\_\_\_\_

### Credit Card Information (VISA/MasterCard Only)

I/we authorize the State Bar of California to charge my/our program registration to my/our VISA/MasterCard account. (No other credit card will be accepted.)

Account Number \_\_\_\_\_  
VISA or MasterCard only

Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Deadline: In order to pre-register, your form and check, payable to the *State Bar of California*, or credit card information, must be received three working days before the program.

Register online: [www.calbar.ca.gov/workerscomp](http://www.calbar.ca.gov/workerscomp)

MAIL TO: Program Registrations, State Bar of California, 180 Howard Street, San Francisco, CA 94105

FAX TO: Program Registrations at (415) 538-2368. In order to fax your registration, credit card information is MANDATORY.

